

# PERMIT APPLICATION

State Form 42946 (R5/6-03)  
Approved by the State Board of Accounts, 2003

Mail To: Division of Water  
Department of Natural Resources  
402 West Washington Street, Room W264  
Indianapolis, Indiana 46204-2641  
Telephone Number: (317) 232-4160  
Fax Number: (317) 233-4579  
Toll Free: 1-877-928-3755

## AGENCY USE ONLY

Application # _____	Fee Submitted \$ _____	Check # _____	Receipt # _____
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Based on the "INSTRUCTIONS", I am submitting this application to perform work under:

- ☐ IC 14-26-2 Lake Preservation Act (\$100)
- ☐ IC 14-26-5 Lowering of the Ten Acre Lake Act (\$25)
- ☐ IC 14-29-1 Navigable Waterways Act (\$0)
- ☐ IC 14-29-3 Sand and Gravel Permits Act (\$50)
- ☐ IC 14-29-4 Construction of Channels Act (\$100)
- IC 14-28-1 Flood Control Act Projects – select one
  - ☐ All non-residential construction (\$200)
  - ☐ Residential reconstruction in a floodway, other than the Ohio River floodway (\$50)
  - ☐ Residential construction, or reconstruction, in the Ohio River floodway (\$10)

## PLEASE TYPE OR PRINT

### 1. APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, P.O. Box or Rural Route)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

### 2. AGENT INFORMATION

Name of Authorized Agent \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, P.O. Box or Rural Route)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

### 3. PROPERTY OWNER INFORMATION

Name of Property Owner \_\_\_\_\_ Name of Contact Person \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(Street, P.O. Box or Rural Route)

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Relationship of applicant to property: ☐ Owner ☐ Purchaser ☐ Lessee Other \_\_\_\_\_

**4. AFFIRMATION OF PERSONAL SERVICE, 1ST CLASS MAIL SERVICE, OR CERTIFIED MAIL SERVICE**

**I have provided public notice to the listed property owners in conformance with the provisions of IC 14-11-4 and 312 IAC 2-3-3 through the method indicated below.**

**(Check the appropriate Box - Please make copies of this blank page if additional pages are required)**

<p>_____ Property Owner (if not applicant or adjacent landowner)</p> <p>_____ Address</p> <p>_____ City                      State                      Zip Code</p>	<p><input type="checkbox"/> Personal Service was provided on : _____ (date)</p> <p><input type="checkbox"/> 1st Class Mail Service was provided on: _____(date) I affirm that 21 days have passed without the mailing returned as undelivered or undeliverable. PS Form 3817 is attached as proof of mailing.</p> <p><input type="checkbox"/> Certified Mail service was provided on: _____(date) PS Form 3811 (green card) is attached as proof of mailing.</p>
<p>_____ Adjacent Landowner:</p> <p>_____ Address</p> <p>_____ City                      State                      Zip Code</p>	<p><input type="checkbox"/> Personal Service was provided on : _____ (date)</p> <p><input type="checkbox"/> 1st Class Mail Service was provided on: _____(date) I affirm that 21 days have passed without the mailing returned as undelivered or undeliverable. PS Form 3817 is attached as proof of mailing.</p> <p><input type="checkbox"/> Certified Mail service was provided on: _____(date) PS Form 3811 (green card) is attached as proof of mailing.</p>
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5.	<u>PROJECT DESCRIPTION</u>
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[illegible]

6.	<u>PROJECT LOCATION</u>
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**6-1 Location Narrative: (See Application Information Packet)**

Stream/Lake Name:

## 6-2 Driving Directions: (See Application Information Packet)

### 6-3 Special Information: (See Application Information Packet)

**6-4 Project Location Map: (See Application Information Packet)**

**6-5 Project Site Map: (See Application Information Packet)**

<b>7.</b>	<b><u>DISTURBED AREA DRAWING</u></b>
<b>7.1 Drawing Requirements: (See Application Information Packet)</b>	

<b>8.</b>	<b><u>PROJECT PHOTOGRAPHS</u></b>
<b>8-1 Images: (See Application Information Packet)</b>	
<b>8-2 Photo Orientation Map: (See Application Information Packet)</b>	
<b>8-3 Photo Documentation: (See Application Information Packet)</b>	

<b>9.</b>	<b><u>RELATED PROJECT INFORMATION</u></b>	
<b>Department of Natural Resources</b>		
Administrative Cause #		Related Application(s) #
Early Coordination #		Utility Exemption #
Recommendation #		Violation #
<b>Department of Environmental Management</b>		
Section 401 #		
<b>Corps of Engineers</b>		
Public Notice #		Section 10 Application #
Section 404 Application #		

<b>10.</b>	<b><u>STATEMENT OF AFFIRMATION</u></b>
<p>I hereby swear or affirm, under the penalties for perjury, that the information submitted herewith is to the best of my knowledge and belief, true, accurate and complete, and that the property owner (s), and adjoining landowners have been notified of the activity in conformance with the provisions of 312 IAC 2-3-3. I further certify that I possess the authority to undertake the proposed or completed activities. I hereby grant to the Department of Natural Resources, the right to enter the above-described location to inspect the proposed or completed work.</p>	
<p>_____  <b>Signature of Applicant or Authorized Agent (REQUIRED)</b></p>	
<p>_____  <b>Date</b></p>	

<b>11.</b>	<b><u>REGULATORY FEES</u></b>
<b>11-1 Regulatory Fees Submitted: (See Application Information Packet)</b>	
<b>11-3 Payment Method: (See Application Information Packet)</b>	

<b><u>REQUIREMENT FOR ADDITIONAL INFORMATION AND PERMITS</u></b>
<p>Application made to and approval granted by the Department of Natural Resources does not in any way relieve the applicant of the necessity of securing easements or other property rights, permits and approvals from affected property owners and other local, state, and federal agencies.</p>